

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
102						
103						
104						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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55						
56						
57						
58						
59						
60						
61						
62						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10/619539 FILING DATE _____
APPLICANT(S) _____

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1	1	1			
2		1			
3					
4					
5					
6					
7					
8					
9					
10					
11	2	2			
12		1			
13					
14		1			
15					
16		1			
17					
18		1			
19					
20		1			
21					
22		1			
23					
24		1			
25	2	2			
26		1			
27					
28		1			
29					
30		1			
31					
32		1			
33					
34		1			
35					
36		1			
37					
38		1			
39					
40		1			
41					
42		1			
43					
44		1			
45					
46	1	1			
47		1			
48					
49		1			
50					
TOTAL IND.	1	1			
TOTAL DEP.	50	51			
TOTAL CLAIMS	51	51			

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60	2	2			
61		1			
62					
63					
64		1			
65					
66		1			
67					
68		1			
69					
70		1			
71					
72		1			
73					
74		1			
75					
76	1	1			
77		1			
78					
79		1			
80					
81					
82					
83					
84					
85		1			
86					
87		1			
88					
89		1			
90	2	2			
91		1			
92					
93		1			
94					
95		1			
96					
97		1			
98					
99		1			
100					
TOTAL IND.	1	1			
TOTAL DEP.	51	52			
TOTAL CLAIMS	52	52			